| SUI | PPLEMENTAL PE | RSONAL HISTO | RYSTAT | EMENT | | | | |
|--|-------------------------------------|--|-------------------------|----------------------------|-------------------------------|-------------------------------------|--|--|
| SECTION I. | | INSTRUCTIONS | | | | | | |
| Answer all questions completely. If cannot be obtained as this and sign each page. Reference | continued item | by related secti | on and it | em number. | | | | |
| 1. FULL NAME (last-first-middle) | i | OF BIRTH 3. PLACE OF BIRTH (City, State, Country) 4. SOC. SEC. NO. | | | | | | |
| Mills, Montrell E. | n.1924 Paducah, Têxas, Cottle | | | | | | | |
| 5. PRESENT STATUS (Single, married, of a state date, Place, and Reason for | | | (aowea) sr | recirri Ma | rrled | | | |
| NA | ALL DIVORCES ON | Annoemanio | | | | | | |
| 7. LIST EDUCATION SINCE DATE OF LAST | PHS: | | | | | | | |
| NA | DE DATE OF LAST F | oue. | | | | | | |
| 8. LIST ANY PART TIME EMPLOYMENT SING | LE DATE OF LAST F | | | | | | | |
| W | | | | | | | | |
| | | | | | | | | |
| SECTION 11. | | SPOUSE | | | | | | |
| 1. NAME OF SPOUSE (last-first-middle | maiden) | 2. DATE OF BIRT | L | | F BIRTH (spous | re) | | |
| Mills, Marjorie E. | | 22 June 192 | | | , Michigan | | | |
| 4. DATE AND PLACE OF MARRIAGE | | 5. CITIZENSHIP of naturaliz | OF SPOUSE zation & c | : (If natur :ertificate | alized, indic no.) | ate date & place | | |
| 13 January 1945 Pampa Texa | S i | US | | • | | | | |
| 6. OCCUPATION | 7 PRESENT EMPL | OYER AND BUSINES | SS ADDRESS | OF SPOUSE | | | | |
| Housewife | Home addi | | | | | | | |
| SECTION III. CHILDREN AND OTH | R DEPENDENTS (Pr | ovide informatio | on for all | children | and dependent | s) | | |
| NAME | RELATIONSHIP | DATE & PLACE OF | | ITIZENSHIP | T | ADDRESS | | |
| | | | | | | | | |
| 3 sons. None dependent at | this time. | | | | | | | |
| | | · . | | | , , | | | |
| | | | | | | e - 4 | | |
| DELATIVES D | BLOOD, MARRIAGE | OP ADOPTION WHO |) FITHER (| 1) LIVE AR | IROAD | | | |
| SECTION IV. RELATIVES B | OT U.S. CITIZENS | OR (3) WORK FOR | A FOREIG | N GOVERNME | NT | | | |
| 1. NAME (Last-First-Middle) | | 2. RELATIONSHI | P 3:DATE | OF BIRTH 4 | . PLACE OF BIF Country) | RTH (City, State, | | |
| 5. CITIZENSHIP (Country) | 6. ADDRESS OR C | OUNTRY IN WHICH | RELATIVE | RESIDES | | | | |
| 7. EMPLOYED BY | | 8. FREQUENCY (| 9 | . DATE OF LAS | T CONTACT | | | |
| 1. NAME (Last-First-Middle) | | 2. RELATIONSHI | P 3.DATE | OF BIRTH 4 | . PLACE OF BIF | RTH (City, State, | | |
| (2) 5. CITIZENSHIP (Country) | 6. ADDRESS OR C | R COUNTRY IN WHICH RELATIVE RES | | | | | | |
| 7. EMPLOYED BY | | 8. FREQUENCY | OF CONTACT | 9 | . DATE OF LAS | T CONTACT | | |
| | DEDCONS TO BE NO | TIELED IN CASE C | E EMEDGEN | CV | | | | |
| PERSONS TO BE NOTIFIED IN CASE OF EMERGENCY 1. NAME (Last-First-Middle) Mills, Marjoree E. | | | | | 2. RELATIONSHIP Wife | | | |
| 3. HOME ADDRESS (Number, Street, City, State, ZIP Code) 2626 Sigmona St. Falls Church, Virginia, 22046 | | | | 1 | ME TELEPHONE N | UMBER | | |
| 5. BUSINESS ADDRESS (Number, Street, | | | NAME OF E | | | ONE NUMBER & EXT. | | |
| OR EMPLOYER, IF APPLICABLE | | ED FOR R NOV 2007 | 1 | • , | | | | |
| NA | | | | | | | | |
| 7. IN CASE OF EMERGENCY, OTHER CLOSE IS NOT DESIRABLE BECAUSE OF HEALT | RELATIVES (spou H OR OTHER REASO | se, mother, fath NS, PLEASE IDENT | er) M | AY ALSO BE Ersons not | NOTIFIED. IF TO BE NOTIFIE | SUCH NOTIFICATION OF AND THE REASON | | |
| N A | | | | | | | | |

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| 050105105 | | , pric | | 2 22 14 2 | ity and a | oup t s | ·) | | | | |
| SECTION VI. RESIDENCE (Since date of last PHS, if overseas residence indicate only c ADDRESS - LAST RESIDENCE FIRST (NUMBER, STREET, CITY, STATE, COUNTRY) IF APARTMENT INCLUDE APARTMENT NUMBER(S). | | | | | | INCLUSIVE DATES (MO. & YEAR) | | | | | |
| 2627 West Newton Circle, Irving, Texas USA | | | | | 1953 | | 1965 | | | | |
| 2626 Sigmona St. Walls Church, Va. USA | | | | | 1965 | | date | | | | |
| | | | | | | | | | | | |
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| | | EE (3) SOCIAL REFERE Γ BE AN AGENCΥ EMPLO | | | | S | | | | | |
| NAME | | RESIDENTIAL A | | | BUS LA | IFSS A | DORESS | | | | |
| Dwain Hendrix | Rein | ecently moveds r Irving, Texas | still lives | Dalla | s,Texa | <u></u> | | | | | |
| 2. | | | | | | |]. | · | | | |
| 3, | | | | | | | | | | | |
| SECTION VIII. | SUPERVISORS - L | LIST YOUR CURRENT AN | | 1 | | | YEARS/ | / V N O W N | | | |
| NAME | | BUSINESS ADDRESS TEL | | | PHONE NO | | | TO - | | | |
| | | | | 7 | |] | L9 73 | dat | е | | |
| | He | ome « |] | nome | | <u> </u> | L968 | dat | е | | |
| SECTION 1A. | | TENSONAL DECLA | ARATIONS | | |] | L965 | dat | е | | |
| 1. HAVE YOU BEEN ARRESTED. minor traffic violations. | INDICTED, OR CONV | VICTED FOR ANY VIOLA | | er than | for | YES (below | explain) | X | NO | | |
| 2. SINCE THE DATE OF YOUR LA WHICH MIGHT REQUIRE EXPLA | AST PHS, HAVE THE ANATION? | ERE BEEN ANY UNFAVOR. | ABLE INCIDENTS II | N YOUR LI | FE | YES (below | explain) | X | NO | | |
| 3. HAVE YOU USED ANY ILLEGAL, PROHIBITED DRUGS OR NARCOTICS SINCE THE DATE OF YOUR LAS PHS? | | | | | | YES (explain below) | | X | NО | | |
| 4. HAVE YOU HAD ANY NON-OFFICIAL CONTACT WITH REPRESENTATIVES OF A FOREIGN GOVERNMENT, NOT PREVIOUSLY REPORTED? | | | | | | YES (below | explain) | X | NO | | |
| SECTION X. | | ADDITIONAL REM | ARKS | | | | | | | | |
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| | | | | | · · · | 4 | | (s. 18) | l., | | |
| DATE 22 July 1976 | SI | GNATURE OF EMPLOYEE | ATTE II | El. | LS: | | | | | | |